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1. NAME OF COMMITTEE (in full)	TYPE OR PRIN			Example: If typing, type over the lines.			12FE4M5		3 5 5 5 6 111,
Friends of Bernie Sand	ders								
ADDRESS (number and Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION C C C00411330	·	PO Box 391 Burlington ER		CITY 3. IS THIS REPORT	□(N)	OR	VT STATE ☑ AMENDED (A)	05402	ZIP COI STATE
4. TYPE OF REPOR (a) Quarterly Rep April 15 Quart July 15 Quart	oorts: terly Report	(Q1)	(b)	_	-Election Repo Primary (12P) Convention (12		☐ General (12G		Run

PAGE 1 /

ZIP CODE STATE DISTRICT Runoff (12R) October 15 Quarterly Report (Q3) in the Election on State of ☐ January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) ☐ Termination Report (TER) in the Election on State of Covering Period 07 2016 through 09 30 2016 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Haggard, Lora 10 27 2016 Signature of Treasurer Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g.

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